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## FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2010 05 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 06 16 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 40

Write or Type Committee Name American Podiatric Medical Association Political Action Committee

D D " D 05 0 1 2010 0.5 3 1 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 346555.85 January 1 (b) Cash on Hand at 449236.97 Begining of Reporting Period ..... 33212.50 286243.62 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 482449.47 632799.47 6(a) and 6(c) for Column B) ..... 77500.00 227850.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 404949.47 404949.47 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 40

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period:

From: 0 5

D D D 1

<sup>Y</sup> 2010

.<sub>0</sub>.

м м 0 5 D D 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	15591.00	179925.00
(ii) Unitemized	17621.50	98318.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33212.50	278243.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33212.50	278243.62
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	8000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
o. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33212.50	286243.62
. Total Federal Receipts (subtract Line 18(c) from Line 19)	33212.50	286243.62

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 40

eriod	Calendar Year-to-Date
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	227250.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	600.00
0.00	0.00
0.00	0.00
0.00	600.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
500.00	227850.00
500.00	227850.00
	500.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 40

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	33212.50	278243.62
4. Total Contribution Refunds (from Line 28(d))	0.00	600.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33212.50	277643.62
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any personant the name and address of any political committee to sociation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey R. DeSantis Mailing Address 2611 Circle Dr.  City Newport Beach FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	State Zip Code CA 92663-5616  C  Occupation Podiatric Physician  Aggregate Year-to-Date	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	222.00	]
B. Dr. William H. Dabdoub  Mailing Address 100 Ayshire Ct.  City Slidell  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General	State Zip Code LA 70461-5034  C  Occupation Podiatric Physician  Aggregate Year-to-Date   1350.00	Date of Receipt  M M M / D D / Y 2 0 1 0  Transaction ID: 18218510  Amount of Each Receipt this Period  175.00
Full Name (Last, First, Middle Initial) Dr. Loring J. Stead Mailing Address 2727 Salem Rd.  City Rochester  FEC ID number of contributing federal political committee.	1 0 0 0 0 0 0 0 0	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 0 1 2 0 1 0  Transaction ID: 18218525  Amount of Each Receipt this Period  20.00
Name of Employer Olmsted Medical Center  Receipt For:  Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date  320.00	
SUBTOTAL of Receipts This Page (opt	ional)	306.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. John M. DePalma		Date of Receipt
Mailing Address 1006 Shawnee Ln.		05 01 2010
City Shamong	State Zip Code NJ 08088-8973	Transaction ID: 18218537  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Burlington County Foot & Ankle Assoc.	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Joseph H. Strickland		Date of Receipt
Mailing Address 2990 Longbrooke W	ay	05 01 2010
City	State Zip Code FL 34620-1719	Transaction ID: 18218539
Clearwater FEC ID number of contributing federal political committee.	FL 34620-1719	Amount of Each Receipt this Period  100.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Tillo		Date of Receipt
Mailing Address 11808-2 San Jose B	lvd.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jacksonville	State Zip Code FL 32223-1862	Transaction ID: 18218542  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 32223-1002	125.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	325.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 40 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Associated Associated Processing Services (In Full)	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Marc D. Lenet Mailing Address 1 Shaded Glen Ct.  City Owings Mills	State MD	Zip Code 21117-3048	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 0 1 2 0 1 0  Transaction ID: 18218550  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)		n : Physician e Year-to-Date ▼ 500.00	250.00
Full Name (Last, First, Middle Initial) Dr. Jonathan J. Lubitz  Mailing Address 4358 Midmost Dr.  City Mobile  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:	_ '	Zip Code 36609-5510  n E Physician E Year-to-Date ▼	Date of Receipt  M M M D D D 2 2 0 1 0  Transaction ID: 18227339  Amount of Each Receipt this Period  500.00
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Kenneth Wichman Mailing Address Manchester Podiatry 117 E. Center St. City Manchester	Center, P.C. State CT	Zip Code 06040-5203	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Manchester Podiatry Center, P.C.  Receipt For:  Primary General Other (specify)	Occupatio Podiatric		250.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce B. Neumann Mailing Address 4538 Harvest Circle  City Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Holy Family Memorial  Receipt For: Primary General	State Zip Code WI 54220-9349  C  Occupation Podiatric Physician Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Dr. Chuck L. Mitchell Mailing Address 1942 W. Wabansia A City Chicago FEC ID number of contributing federal political committee.	State Zip Code IL 60622-1360	Date of Receipt    M M
Name of Employer Self-Employed  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Carol F. LaRose	Occupation Podiatric Physician  Aggregate Year-to-Date   250.00	Date of Receipt
Mailing Address Alliance Foot & Ankle 2741 Debarr Rd. #C3 City Anchorage  FEC ID number of contributing federal political committee.		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Alliance Foot & Ankle  Receipt For: Primary Other (specify)	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (optional) .		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 40 (check only one)    X   11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements made and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Association	on Political A	Action Committee	
۱.	Full Name (Last, First, Middle Initial) Dr. John A. DelMonte			Date of Receipt
	Mailing Address 409 Poppy Hill Dr.			05 05 2010
	City Healdsburg	State CA	Zip Code	Transaction ID: 18234035
	FEC ID number of contributing federal political committee.	C	95448-3006	Amount of Each Receipt this Period  300.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Constantine George Barbounis  Mailing Address 8741 Hideaway Harbo	or Ct		Date of Receipt
				05 06 2010
	City Naples	State FL	Zip Code 34120-4327	Transaction ID: 18234660
	FEC ID number of contributing federal political committee.	C	34120-4321	Amount of Each Receipt this Period 500.00
	Name of Employer Southwest FL Ankle & Foot Care Special	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Chris C. Panagoulias	1		Date of Receipt
	Mailing Address 30 Bates Dr.			0 5 0 4 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18234706
	Nashua	NH	03064-1701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self-Employed		Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1100.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 40 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any perso using the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Podiatric Medical Ass	sociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert M. Caldwell		Date of Receipt
Mailing Address 3703 Cottage G	Grove Ave. S.E.	05 07 2010
City	State Zip Code	Transaction ID: 18234798
Cedar Rapids	IA 52403-1941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Thomas V. Johnson		Date of Receipt
Mailing Address 289 Main St.		05 07 YYYY 2010
City	State Zip Code	Transaction ID: 18234800
Suffield	CT 06078-1332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Podiatry Care	Occupation Podiatric Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Dr. Steven B. Smith		Date of Receipt
Mailing Address 2929 E 69th St.		0 5 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18234808
<u>Tulsa</u>	OK 74136-4541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	,
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (on	tional)	1100.00
	number only)	

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 40 (check only one)    X   11a
or for commercial purposes, oth	ner than using the name and	may not be sold or used by any pers address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In American Podiatric Med	n Full) dical Association Politica	al Action Committee	
Full Name (Last, First, Midd Dr. Jill Lynn Jackson-Smith	· 		Date of Receipt
Mailing Address 2929 E.			05 07 2010
City Tulsa	State OK	Zip Code 74136-4541	Transaction ID: 18234809  Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing		500.00
Name of Employer Metro Tulsa Foot & Ankle Specialists	Occupa Podiat	ation ric Physician	
Receipt For:  Primary Gen  Other (specify) ▼		pate Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Dr. Vicki Anton-Athens			Date of Receipt
Mailing Address 29113 E	E. River Rd.		0 5 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	'	Transaction ID: 18234811
Grosse Isle  FEC ID number of contribut federal political committee.	ing MI	48138-1940	Amount of Each Receipt this Period  300.00
Name of Employer Self-Employed	Occupa Podiat	ation ric Physician	
Receipt For:  Primary Gen  Other (specify) ▼		gate Year-to-Date ▼ 300.00	
Full Name (Last, First, Midd Dr. Deric Lords	le Initial)		Date of Receipt
Mailing Address 765 N.	Forbes Dr.		05 09 2010
City	State	!	Transaction ID: 18237733
Brea  FEC ID number of contribut federal political committee.	ing CA	92821-7305	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupa Podiat	ation ric Physician	
Receipt For:  Primary Gen  Other (specify) ▼	Aggreg	pate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This	Page (ontional)		1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(criceck dirily dire)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Assoc	g the name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Randell I. Braun Mailing Address 30611 Laurel Ct.	Olds 7's Ords	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Spanish Fort  FEC ID number of contributing federal political committee.	State Zip Code AL 36527-8602	Amount of Each Receipt this Period  600.00
Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date   600.00	
Full Name (Last, First, Middle Initial) Dr. Sandra J. Loving Mailing Address 816 Sherman Ct.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Marina</u>	State Zip Code CA 93933-5041	Transaction ID: 18270760  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr. L. Denise Highland Mailing Address 21409 Kelly Rd. #2	200	Date of Receipt
City	State Zip Code	0 5 1 1 2 0 1 0 Transaction ID: 18270763
Eastpointe  FEC ID number of contributing federal political committee.	MI 48021-3264	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	0
SUBTOTAL of Receipts This Page (options	al)	1600.00
TOTAL This Period (last page this line nun	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the Correction of the C
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joan M. Meyer  Mailing Address 3240 Purer Rd.  City  Escondido  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code CA 92029-7250  C  Occupation Podiatric Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 1 1 2 0 1 0  Transaction ID: 18270764  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Dr. Robert J. Lagman  Mailing Address 1156 Scarlet Oak Ln  City  Mandeville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code LA 70448-6421  C  Occupation Podiatric Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18270869  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Dr. Kent S. Martin  Mailing Address 141 Stoney Creek Dr.  City Florence  FEC ID number of contributing federal political committee.  Name of Employer Martin Foot Specialists, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code AL 35633-1582  C  Occupation Podiatric Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18271684  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)		1800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 40 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	
American Podiatric Medical Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Steven M. Grunfeld		Date of Receipt
Mailing Address Birmingham Podiatry 2012 8th Ct. S.		05 12 2010
City Birmingham	State Zip Code AL 35205-2704	Transaction ID: 18271685
FEC ID number of contributing federal political committee.	C 33203-2704	Amount of Each Receipt this Period 250.00
Name of Employer Birmingham Podiatry	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Charles David Trimble		Date of Receipt
Mailing Address 1064 Parkway Dr.		05 13 7 2010
City	State Zip Code	Transaction ID: 18273556
Greenville	OH 45331-2620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Western OH Podiatric Medi- cal Center	Occupation Podiatric Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Mark B. Saffer		Date of Receipt
Mailing Address 3165 Gilbert Ridge R	d.	05 13 Y Y Y Y Y Y
City West Bloomfield	State Zip Code MI 48322-1836	Transaction ID: 18273567  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Midwest Health Center	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 40 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal Statements may not be sold or used by any personal statements and address of any political committee to	
American Podiatric Medical Associate	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Richard A. Armstrong		Date of Receipt
Mailing Address Falmouth Podiatry 342A Gifford St.	Otata 7:n Ocada	05 17 2010
City Falmouth	State Zip Code MA 02540-2948	Transaction ID: 18278269  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Falmouth Podiatry	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Joshua Gerbert		Date of Receipt
Mailing Address 16 Fairview Ave.		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18278270
Corte Madera	CA 94925-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Brent Martin Harwood	1	Date of Receipt
Mailing Address 20930 State Rd. 181		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18278276
<u>Daphne</u>	AL 36526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Southeast Podiatry	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 40 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may no name and addres	t be sold or used by any persons of any political committee to	
American Podiatric Medical Associatio	n Political Action	on Committee	
Full Name (Last, First, Middle Initial) Dr. John L. Ruskusky			Date of Receipt
Mailing Address 1624 Night Hawk Ct.			05 17 2010
City	State	Zip Code	Transaction ID: 18278418
Pekin	IL	61554-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self-Employed	Occupation Podiatric Ph	nysician	
Receipt For:	Aggregate Ye	•	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. Gary A. Raymond	ı		Date of Receipt
Mailing Address Rd. 4 Box 148			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18278426
Hollidaysburg	PA	16648-9262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Self-Employed	Occupation Podiatric Ph	nysician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. David C. Schleichert			Date of Receipt
Mailing Address 31524 Lowry Cir.			05 19 2010
City	State	Zip Code	Transaction ID: 18280215
Cushing	MN	56443-2087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Podiatric Ph	nysician	
Receipt For: Primary General Other (specify)	, '	ar-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			950.00

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 40 (check only one)    X   11a
A o	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	Full Name (Last, First, Middle Initial)	on Folitical F	Action Committee	1
۸.	Dr. Daniel C. Duffy  Mailing Address 1740 Cooper Foster P.	ark Rd		Date of Receipt
	City	State	Zip Code	0 5 1 9 2 0 1 0 Transaction ID: 18280216
	<u>Lorain</u>	OH	44053-4201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify)		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Bruce G. Fawcett	1		Date of Receipt
	Mailing Address 1302 Mayfair			05 19 2010
	City	State	Zip Code	Transaction ID: 18284119
	Raleigh FEC ID number of contributing federal political committee.	C	27608-1940	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupatio	n : Physician	
	Receipt For:  Primary  General  Other (specify)		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Edward Pellecchia			Date of Receipt
	Mailing Address 327 Hidden Creek Dr.			05 19 2010
	City	State	Zip Code	Transaction ID: 18284125
	Hatboro FEC ID number of contributing federal political committee.	C	19040-1620	Amount of Each Receipt this Period 300.00
	Name of Employer Ankle&Foot Surgical Associates, Inc	Occupatio Podiatrio	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Ţ,	SUBTOTAL of Receipts This Page (optional)	1		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 40 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	n Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala			Date of Receipt
Mailing Address 59 Harrowgate Dr			05 21 2010
City	State	Zip Code	Transaction ID: 18284476
Cherry Hill	NJ	08003-1938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		160.00
Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Dr. Ricardo P. Maribona			Date of Receipt
Mailing Address 1299 Claret Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18285630
Fort Myers	FL	33919-3413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer S.W. FL Ankle & Foot Care Specialists	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. George Michael Johnson, Jr.			Date of Receipt
Mailing Address 5881 Bayou Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18285861
Mobile	AL	36605-9414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Medical Center Podiatry, P.C.	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			960.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 40 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persousing the name and address of any political committee to sociation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bart A. Kellerman Mailing Address 161 Ash St.  City Reading FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code MA 01867-3115  C  Occupation Podiatric Physician  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18286931  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Elizabeth G. Nicely  Mailing Address 2275 E. Whipp  City  Kettering  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code OH 45440-2638  C  Occupation Podiatric Physician  Aggregate Year-to-Date  250.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Dr. Michael J. Marcus  Mailing Address 405 Goldenrod  City  Corona Del Mar  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	Ave.  State Zip Code CA 92625-2913  C  Occupation Podiatric Physician  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 18286934  Amount of Each Receipt this Period  500.00
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<b>\</b>	OF COMMITTEE (In Full)						
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	ne (Last, First, Middle Initial	)				Transaction ID	: 18234692
Gutierr	ez For Congress					Date of Disburs	
Mailing .	Address 5310 W. Cul	lom Ave				0 5	07 Y 2010 Y
City Chicag	0	State IL	Zip Coo 60641			Amount of Each	Disbursement this Period
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	<sub>ite</sub> Name uis V. Gutierrez				Category/ Type		
Office S	ought: X House	Disbursement		-			
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$  \rangle$	NAME OF COMMITTEE (In Full)  American Podiatric Medical Association Po	olitical Action Committee	_												
$\mathbb{Z}$		milear Action Committee													
۹.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress						<b>Trans</b> Date o		sburs	em	ent	4696	i		
	Mailing Address P.O. Box 490286						0 <sup>M</sup> 5	M	<sup>′</sup> □ C	7	/	Ý Ž	0 1 C	) <sup>Y</sup>	
	City Chicago	State Zip Code IL 60649					Amou	nt o	f Each	n Di	sburs	-			od
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	Candidate Name Rep. Jesse L. Jackson, Jr.		C	01 ateg Typ	ory/										
	Senate President	ment For: 2010 Primary X General Other (specify)													
	State: IL District: 02														
В.	Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee					1	Trans Date o		sburs	em	ent			V	
	Mailing Address 5400 S Cole Road						0 <sup>M</sup> 5		ູ້້	7	J'L	2	0 Ĭ (	)	
	Boise	State Zip Code ID 83709					Amou	nt o	f Each	ı Di	sburs		t this F	_	od
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	Candidate Name Mr. James Risch		С	-	ory/										
	X Senate President	ment For: 2008 Primary X General Other (specify)													
 C.	State: ID District: Full Name (Last, First, Middle Initial) Friends Of Phil Hare						Trans Date o					4698	<b>.</b>		
	Mailing Address 224 18th Street P.O. Box 4183						0 <sup>M</sup> 5			7		Ý Ž	οťα	) <sup>Y</sup>	
		State Zip Code IL 61204					Amou	nt o	f Each	n Di	sburs	-		_	od
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s	UBTOTAL of Disbursements This Page (optional)				<u> </u>							350	00.00		
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SCHEDULE B (FEC Form 3X)				F	OR LI	NE N	UMBE	R:			Р	AGE	23 /	40
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American Podiatric Medical Association Policy	olitical Acti	on Committee	<b>)</b>											
Full Name (Last, First, Middle Initial) Garamendi For Congress							Trans Date				1823	4699	)	
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Mailing Address C/O California Political L 3605 Long Beach Blvd.,	Ste. 426						0 5		L					
City Long Beach	State CA	Zip Code 90807					Amou	int o	f Eac	ch [	Disburs			
Purpose of Disbursement				0	11					0	-	10	00.00	)
Candidate Name Rep. John Garamendi					egory/ ype									
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State: CA District: 10														
Full Name (Last, First, Middle Initial) Michaud For Congress							Trans Date				1823 ment	4700	)	
Mailing Address 213 Lisbon St							0 <sup>M</sup> 5	М	/ D	0	7 /	Y	2 0 1 (	o <sup>Y</sup>
City Lewiston	State ME	Zip Code 04240					Amou	int o	f Eac	h [	Disburs	emer	nt this	Period
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Candidate Name Rep. Michael H. Michaud					egory/ ype									
Senate X President	ement For: Primary Other (spe	2010 General cify)												
State: ME District: 02  Full Name (Last, First, Middle Initial)														
Rush Holt For Congress							Date	of D	isbur	ser				
Mailing Address PO Box 782							0 <sup>M</sup> 5	М	/ D	0	7 /	` 2	2 0 1 (	ם <sup>י</sup>
City Pennington	State NJ	Zip Code 08534					Amou	int o	f Eac	h [	Disburs	emer	nt this	Period
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Candidate Name Rep. Rush D. Holt				at	egory/ ype									
	ement For: Primary Other (spe	2010 General cify)												
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ny Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)		
American Podiatric Medical Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Klein For Congress		Transaction ID: 18234702 Date of Disbursement
Mailing Address 21301 Powerline Road	, Suite 204	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Boca Raton	State Zip Code FL 33431	Amount of Each Disbursement this Period
Purpose of Disbursement	011	1000.00
Candidate Name Rep. Ronald Klein	Category/ Type	
Senate President	rsement For: 2010  X Primary General  Other (specify)	
State: FL District: 22  Full Name (Last, First, Middle Initial)		Transaction ID: 19994709
Cathy Mcmorris Rodgers For Congress		Transaction ID: 18234703  Date of Disbursement
Mailing Address Box 137		$\begin{array}{c c} & \begin{array}{ccccccccccccccccccccccccccccccccccc$
City Spokane	State Zip Code WA 99210	Amount of Each Disbursement this Period
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Candidate Name Rep. Cathy McMorris Rodgers	Category/ Type	
Senate President	rsement For: 2010  X Primary General  Other (specify) ▼	
State: WA District: 05  Full Name (Last, First, Middle Initial)		Transaction ID: 18234704
Nadler For Congress		Date of Disbursement
Mailing Address Village Station, PO Bo		05 07 2010
City New York	State Zip Code NY 10014	Amount of Each Disbursement this Period
Purpose of Disbursement	011	1000.00
Candidate Name Rep. Jerrold L. Nadler	Category/ Type	
Senate President	rsement For: 2010  X Primary General  Other (specify) ▼	
State: NY District: 08		

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ŀ	Friends Of Phil	Hare						Date M	of Disbur		V V	V -	V
N	Mailing Address	224 18th Street P.O. Box 4183						0 5		07	2	0 1 0	
F	City Rock Island			State IL	Zip Code 61204			Amo	unt of Eac	ch Disbur			erio
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(	Candidate Name Rep. Phil Hare	TI CENTOI FRODOIT NO.	10 1 10102			С	ategory/ Type						
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		District: 17											
	Full Name (Last, F Friends Of Phil							Date	saction II of Disbur	sement			V
N	Mailing Address	224 18th Street P.O. Box 4183						0 <sup>M</sup> 5	M / D	10	ž	0 1 0	Y
	City Rock Island			State IL	Zip Code 61204			Amo	unt of Eac	h Disbur			erio
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	Candidate Name Rep. Phil Hare					С	ategory/ Type						
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	Full Name (Last, F								saction II		71621		
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_	Mailing Address	P.O. Box 10003						0 5		12	2	0 1 0	
	City Merrillville			State IN	Zip Code 46411			Amo	unt of Eac	h Disbur	semen	t this P	erio
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	Candidate Name Rep. Peter J. Vi	sclosky				C	ategory/ Type						
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L	Full Name (Last, First, Middle Initial)					Trans	action	ı ID:	1827	1622	<u> </u>	
	Charlie Melancon Campaign Committee  Mailing Address PO Box 549	nc				Date o		oursen	-		0 1 0	Y
	City Napoleonville	State Zip Code LA 70390				Amou	nt of E	ach D	Disburs	emer	nt this P	eriod
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	Candidate Name Rep. Charles J. Melancon		C	ateg Type	ory/							
	X	sement For: 2010  C Primary General  Other (specify)										
	Full Name (Last, First, Middle Initial) Richardson For Congress					Trans			-	'1624	1	
	Mailing Address 1212 S Victory Blvd					0 <sup>M</sup> 5	И /	<sup>D</sup> 1 2	2 /	2	0 1 0	Υ
	City Burbank	State Zip Code CA 91502				Amou	nt of E	ach D	Disburs		nt this P	-
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	Rep. Laura Richardson  Office Sought: X House Disburg Senate President	C Primary General		Тур		Trans	f Disb	oursen	nent			V
	Rep. Laura Richardson  Office Sought: X House Senate President  State: CA District: 37  Full Name (Last, First, Middle Initial)	C Primary General Other (specify) ▼		Тур		Date o			nent		7 2 0 1 0	Y
	Rep. Laura Richardson  Office Sought:  X House Senate President State: CA District: 37  Full Name (Last, First, Middle Initial) Kurt Schrader For Congress  Mailing Address PO Box 3314 Suite 240  City Oregon City	C Primary General		Тур		Date of	f Disb	ourser	ment /	Y 2	0 1 0	erio
	Rep. Laura Richardson  Office Sought:  X House Senate President State: CA District: 37  Full Name (Last, First, Middle Initial) Kurt Schrader For Congress  Mailing Address PO Box 3314 Suite 240  City Oregon City  Purpose of Disbursement  Candidate Name	C Primary General Other (specify) ▼ State Zip Code	Ca	011 ateg	ory/	Date of	f Disb	ourser	ment /	Y 2	2 0 1 0	erioc
	Rep. Laura Richardson  Office Sought:  X House Senate President State: CA District: 37  Full Name (Last, First, Middle Initial) Kurt Schrader For Congress  Mailing Address PO Box 3314 Suite 240  City Oregon City Purpose of Disbursement  Candidate Name Rep. Kurt Schrader  Office Sought: X House Disburs	C Primary General Other (specify) ▼ State Zip Code	Ca	011	ory/	Date of	f Disb	ourser	ment /	Y 2	0 1 0	erioc

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	Full Name (Last, First, Middle Initial) Donna Edwards for Congress					Transaction Date of Disk	n ID: 18271638 oursement	}
	Mailing Address 3737 Branch avenu	ne				0 5 4	1 2 / Y 2	010
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Full Name (Last, First, Middle Initial) Friends Of Joe Pitts							Trans Date				1827 ment	'164	6	
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Mcnerney For Congress							Date	of D	isbi			Y	Y Y	Y
Mailing Address 6520 Village Parkway Second Floor							0 <sup>M</sup> 5		Ĺ	1	2		ž 0 ť	0
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<u>/</u>	Full Name (Last, First, Middle Initial) Boyd for Congress Committee			Transaction ID: 18275858 Date of Disbursement
	Mailing Address P.O. Box 15703			05 17 2010
	City Tallahassee	State Zip Code FL 32317-5703	}	Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name Mr. Allen Boyd		Category/ Type	
	Office Sought: X House Disbute Senate President	rsement For: 2010  X Primary General Other (specify)		
	State: FL District: 02			
	Full Name (Last, First, Middle Initial) Friends Of Jane Harman			Transaction ID: 18275859  Date of Disbursement
	Mailing Address PO Box 96			05 17 7 2010
	City Torrance	State Zip Code CA 90507		Amount of Each Disbursement this Perio
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	Candidate Name Rep. Jane Harman		Category/ Type	
	Office Sought:  X House Senate President State: CA District: 36	rsement For: 2010  X Primary General  Other (specify)		
	Full Name (Last, First, Middle Initial) Sires For Congress			Transaction ID: 18275861 Date of Disbursement
	Mailing Address 6050 Blvd. East Apt. 6b			05 17 / 2010
	City West New York	State Zip Code NJ 07093		Amount of Each Disbursement this Perio
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$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Association P	olitical Action Cor	mmittee				
	Full Name (Last, First, Middle Initial) Judy Chu For Congress					Transaction ID: 18275867 Date of Disbursement	
	Mailing Address 777 S Figueroa Street S	uite 4050				05 17 7 201	0
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<u>/</u>	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez					Date	of Dis	burse	182 ement			
	Mailing Address 1212 S. Victory Blvd Suite 211					0 <sup>M</sup> 5	M /	1	<sup>D</sup> 7	¥ 2	2010	)
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	Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee					Date	of Dis	burse	182 ement			
	Mailing Address P.O.Box 851232					o <sup>M</sup> 5	М /	1	<sup>D</sup> 7	Y 2	2 0 1 0	Y
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	Candidate Name Mr. Jo Bonner			tego Type								
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<u>/</u>	Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.					Date	of Dis	burse		7673 <sup>-</sup>	1	
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	Candidate Name Rep. Steven R. Rothman		Ca		jory/							
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	Candidate Name Rep. Gregory P. Walden		Ca	_	jory/							
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Mailing Address	5915 Eastman Ave	nue			05 M	D 2 1 Y 2 0 1 0 Y
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Full Name (Last, First, Middle Initial) Wyden For Senate			Transaction ID: 18285691 Date of Disbursement
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Candidate Name Sen. Ron Wyden		011 Category/ Type	
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Candidate Name Rep. Peter Welch		Category/ Type	
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Full Name (Last, First, Middle Initial) Bob Filner for Congress			Transaction ID: 18285695 Date of Disbursement
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<u>/</u>	Full Name (Last, First, Middle Initial) Pallone For Congress				Transaction ID: 18285696 Date of Disbursement
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	Candidate Name Rep. Frank Pallone, Jr.			Category/ Type	
	Office Sought:  X House Senate President State: NJ District: 06	ement For: Primary Other (spe	2010 X General ecify) ▼		
	Full Name (Last, First, Middle Initial) Spratt For Congress Committee				Transaction ID: 18285698 Date of Disbursement
	Mailing Address PO Box 830				05 7 21 7 2010
	City York	State SC	Zip Code 29745		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	2500.00
	Candidate Name Rep. John McKee Spratt, Jr.			Category/ Type	
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	State: SC District: 05  Full Name (Last, First, Middle Initial) Barbara Lee For Congress	Other (spe	<b>∀</b>		Transaction ID: 18285699 Date of Disbursement
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